Healthy Communities Delaware - Improving Community Vital Conditions

Delaware Community Foundation

ORGANIZATION INFORMATION

Primary Organization Name
Character Limit: 250

Organization Address*
Character Limit: 250

Contact Person's Name*
Character Limit: 250

Contact Person's Email*
Character Limit: 254

Contact Person's Phone Number*
Character Limit: 15

Secondary Contact Name*
Character Limit: 250

Secondary Contact Email*
Character Limit: 250

Secondary Contact Phone Number*
Character Limit: 15

FISCAL SPONSORSHIP

Fiscal Sponsorship Status
If your organization is using a Fiscal Sponsor, please provide the sponsor's name, a brief explanation of the relationship, and upload your sponsorship agreement below. **(If you are a 501c3 and do not have a sponsor, simply type "N/A").**

Character Limit: 5000 | File Size Limit: 4 MB

PROPOSAL

Please complete the fields below.

Eligible Census Tracts / Census Block Group*

The opportunity is intended to support eligible Delaware census tracts and/or census block groups where 51% or more of the population are low-to-moderate income. Which census tract(s) and/or census block group(s) will benefit from the proposed work?

Character Limit: 250

Project Name*

Character Limit: 100

Project Description*

Briefly describe the proposed project. Outline and explain the goals of your project.

Character Limit: 2000

Target Population*

Define the Target Population your project/program aims to reach. How do you know that the population is 51% or more people of low-to-moderate income?

Character Limit: 1000

Project / Program Need*

Please explain why this program/project is needed and the problem being addressed. Examples of information to share could include but are not limited to:

- How the need or issue was identified, i.e. through community surveys, regional data collection, etc.
- Why a new program is needed or why an existing project requires this support.
- Who else is addressing this need or problem?

Character Limit: 3000

Address of physical project (if applicable)

Please list here.

Character Limit: 250

Project Readiness & Organizational Capacity*

Describe your ability to execute the proposed work within the grant.

Character Limit: 5000

Proposed Timeline*

Provide a high-level timeline to execute the program/project. If awarded, use of funding should begin within 3 months of receiving the funds and be expended within 9 months. All grant-funded activities and expenditures must be completed no later than June 30, 2027, the end of the grant period.

Character Limit: 1500

Measuring Success*

Explain what progress or success will look like and how it will be tracked and measured. What outputs will be produced as a result of this project?

Character Limit: 3000

Current Healthy Communities Delaware Funding (if applicable)

If you currently have a grant from HCD, explain how this funding is separate from and will not supplant the funding you are already receiving.

Character Limit: 250

BUDGET

Total Request Amount*

What is the total amount of funding that you are seeking? Grants awarded will range from $10,000 - $25,000.

Character Limit: 20

Organizational Budget*

Please upload a budget for your overall organization for your current fiscal year.

File Size Limit: 6 MB

Project Budget*

Please upload your Project Budget using the required template (available on the DCF website).

- **File Format:** The uploaded file must be in .xlsx or .xls format (PDFs will not be accepted).

File Size Limit: 6 MB

OPTIONAL SUPPORTING DOCUMENTS

Additional Supporting Document 1 (OPTIONAL)

Upload additional supporting documents, such as a community needs assessment, community revitalization plan, action plan, or a logic model.

File Size Limit: 5 MB

PAYMENT PROCESSING

Grant awards will be processed through direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to process payment to your organization, if awarded.

Authorization of Payment*

I (we) authorize the Delaware Community Foundation to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous debts) as follows:

Choices

Checking Account
Savings Account

Attach Bank Account Details (Voided Check or Letter from Bank)*

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 1 MB

Signature to Authorize Payment Processing:*

I (we) understand that this authorization will remain in full force and effect until I (we) notify Delaware Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that the Delaware Community Foundation requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 250

ACKNOWLEDGEMENT

Applicant Authorization*

Please indicate which applies

Choices

I am the Authorized Personnel to submit this application on behalf of the organization
I am the Executive Director/CEO authorized to submit this application on behalf of the organization

Signature of Executive Director/CEO or Authorized Personnel*

I acknowledge by typing my name below, I am providing an electronic representation of my signature for all purposes of completion of this grant application and have authorization as the Executive Director/CEO or authorized personnel to submit this application on behalf of the organization.

Character Limit: 100